

# INSTRUCTIONS FOR COMPLETING CITY OF TEMPE CDBG / HOME CAPITAL APPLICATION FORMS

## Application Packaging Requirements

Applications will be accepted only in the format requested. Forms supplied in this package may be duplicated if additional pages are needed, up to the limits specified in the instructions.

- All applications must be typed in a standard font no smaller than 12 (unless otherwise determined for you).
- Applicants are to submit one (1) signed original and seven (7) copies (total of eight) of the application package including attachments.
- The application is not to be permanently bound in any way (stapled, inserted into covers, etc.). Paper clips or binder clips are acceptable. Please do not print or copy onto colored paper.
- Please submit requested information only. Extraneous materials will be removed before review. Agencies missing requested information will be notified and given a set date to supply information.
- Please assemble applications after they are copied so that each application is a complete set. Proposals that are not assembled will not be accepted.

## Application Due Date

Applications are due **no later than Noon on Monday, October 30, 2006** at the Tempe Community Council, 34 E. 7<sup>th</sup> Street, Bldg. A, Tempe, AZ 85281. Incomplete packets may affect eligibility.

Late proposals will not be considered.

## Attachments Checklist (Form 1)

A completed City of Tempe human service application must contain the information listed on the Attachments Checklist. Agency name must appear in the upper left-hand corner.

## Application Summary (Form 2)

This form should be considered the "executive summary" of the application. **The Director / CEO must sign this form.** Agency Descriptions must be limited to (50) words.

The Summary of Requested Funds table should include all programs (including Human Service and CDBG/HOME Capital) for which City of Tempe funds are requested. Additional lines may be added. For each program listed, a separate Program and Budget Summary (Form 3), a Budget Explanation for Tempe Funds (Form 4) and a Client Profile Form (Form 5) must be included.

## Program and Budget Summary (Form 3)

Please complete all items indicated. It is important to state clearly the purpose for which City funds are requested and how Tempe residents in need will benefit as a result of this agency receiving City funding. **If funds are being requested for more than one program, fill out a Program and Budget Summary Form (3), a Budget Explanation for City of Tempe Funds Form (4), and a Client Profile Form (5) for each program the organization is requesting funding.** If additional space is needed to answer the questions about proposed programs or services, please attach no more than two (2) additional pages total for questions 1-7. Information on this form should be consistent with all succeeding application package materials.

#### **Budget Explanation Form for City of Tempe Funds (Form 4)**

Complete this line item budget form for each specific program request. If City funding is requested for more than one program, complete a separate form for each program.

Provide an explanation for each of the proposed budget line items. (Example: Line Item - Staff Salaries = \$15,000; Budget Explanation may read "1/2 FTE Project Director @ \$30,000 = \$15,000").

#### **Client Profile Form (Form 5)**

This form should list the clients served in FY 2005/06 and estimates of clients to be served in FY 2006/07 and FY 2007/08. The % Total column is to be applied to FY 2006/2007 figures. The 2<sup>nd</sup> column should reflect the breakdown of the **Tempe** clients listed in column 1. A separate Client Profile (Form 5) should be submitted for each program for which funding is requested. Mark N/A if the category is not applicable to this agency.

#### **Projected and Current Agency Budget (Forms 6 & 7)**

The purpose of the Agency Operations Spreadsheet is to give an overview of the total agency budget so the relationship of the proposed services to the total operations of the agency can be understood.

Please note that Form 6 is the projected (estimated) agency budget for 2007/08 and Form 7 is the final agency budget for 2006/07 (current operating budget). United Way Budget Forms **cannot** be substituted in lieu of these forms.

The Projected and Current Agency Budget Forms include **all projected revenue** by revenue source and **all projected expenditures** by budget category for **all programs** within the agency for the budget year for which funding is being requested.

The Projected and Current Agency Budget Forms must be typed. Illegible documents could result in the proposal being determined unacceptable for further consideration.

Complete each of the items as follows:

**For Period:** Enter the time period for which this budget is being prepared (the starting and ending date).

**Agency Name:** Enter the name of the agency.

**Prepared By:** Enter the name of the person preparing the form.

**Name of Program:** At the top of each column in the space provided, enter the **name of each program** for which City of Tempe funding is being requested. Space is provided for six programs in addition to agency administration. Use additional sheets if the agency operates more than six programs. Note: there must be a column for each program for which City of Tempe funding is requested.

**Administrative Costs:** The first column, entitled "Administrative Costs", is designated as its own program for those overhead costs associated with the operation of the entire agency (also called indirect costs). Examples of such costs include the agency director, purchasing, receptionist services, accounting, etc.

**Revenue Sources:** In the far-left column, identify by name the sources of revenue for the agency (i.e.

United Way, City of Tempe). Each row represents one funding source. If more rows are required, use an additional sheet. Enter the dollar amount contributed by each funding source to each program in the column designated for the program. Revenue categories should be as specific as possible (i.e. break out city revenues to list specific city contributions).

**Total Program Revenue:** For each program, total the amount of revenue identified across all sources.

**Expenditures by Budget Category:** For each program, enter the total expenditures by budget category in the appropriate column.

**Total Program Expenditures:** For each program, total the expenditures across all budget categories and enter in the appropriate column.

**One-Time/Start-Up Costs:** If a portion of the costs allocated to a given program are one-time or start-up expenditures, enter the total one-time or start-up costs under the appropriate program column(s). These costs should also be distributed across the budget categories and included in the Total Program Expenditures.

**Number of Units:** For each program, enter the total number of units of service expected to be delivered during the budget year. Please define the unit as it applies to your respective program (ex: clients, bed nights, pounds of food). If there are no measurable units of service enter N/A for not applicable.

**Unit Rate:** For each program, divide the total program expenditures by the # of units. This figure represents the unit rate for each program.

**Total Column:** In the far right column entitled "Total", enter the total amount of revenue across all programs from each funding source and the total expenditures across all programs for each budget category. The result should equal the total revenue and expenditures for the entire agency.

### **Background Information (Form 8)**

Answer the questions listed about the agency. If explanations are requested, please use the space provided or attach additional pages.

### **List of Assurances (Form 9)**

For each item, the Chief Administrative Officer must initial in the space provided if the agency is in compliance with the statement listed. If the agency is not in compliance, attach an explanation and indicate when and how the agency will be brought into compliance.

### **Board of Directors Information (Form 10)**

Fill in agency name at the top of the form and answer the questions regarding the Board of Directors.

If there are any questions on completing this application, please contact Jayson Matthews at the Tempe Community Council, (480) 858-2302 or [jayson\\_matthews@tempe.gov](mailto:jayson_matthews@tempe.gov).